

My name is Emily Whitsett-Pickett. I am a resident of Louisville. I am the Director of Programs for Mama to Mama, a non-profit that provides prenatal education, and parenting support to low-resource families. I have 14 years experience working in various community-based social service and health care settings and have spent my entire career supporting families who are low-income. In addition to starting and working part-time for a non-profit, I am also a small business owner.

My family moved to Kentucky a little over four years ago after a series of life changes (including becoming parents) that caused my family to drift from a socio-economically stable middle-class life to that of a "low-income family" with perpetual financial challenges. In the last four years my spouse has been continuously employed full-time, while I have worked anywhere from part-time to full-time, while simultaneously caring full-time for our three small children who are 6yrs, 4 yrs, and 1-yr old. We are more privileged than many as we are both white, both college educated, are paying a mortgage to own our own home, have a vehicle to use for work, are business owners and have a strong support network. Yet we also live without a lot: we share one vehicle; we are not able to save money for emergencies or retirement or our children's college educations; we can't afford child care or preschool for our children; if anything breaks in the house or on the car we have no funds (beyond a credit card) to repair it; there are no holidays or vacations; sometimes we have to choose between paying for groceries and paying for gas for the car. We live pay check to pay check and as a self-employed person I have no guarantees on my income; I pay additional self-employment taxes, and don't get any benefits like paid leave time, such as when I had a baby this past year and had to cut back on my work for several months.

Despite our respective educations, our successes in our careers, and our hard work, our family income level is somewhere around 130% FPL. This means we have experienced first hand the benefits of the Medicaid expansion. I know the stress we felt when we were uninsured and the difficulty we had in getting care when we needed it. I also know the deep gratitude and relief we've had to know we are now insured and can meet the health care needs of our family.

Moreover as s a person who works with a wide range people including domestic abuse survivors, mothers who are recovering addicts, people who are working multiple jobs to care for their families, people who have intermittent income and no bank accounts, people who do not have reliable transportation, people who are homeless and or hungry, and countless people who are just hanging on and surviving from day to day, I am deeply worried about the current proposed changes to Medicaid in Kentucky.

Here are just a few concerns:

1. It reduces basic health care services like dental and vision. In a state that has one of the highest rate of dental decay and toothlessness for adults, this is laughable. Untreated periodontal disease is a risk factor for preterm birth for pregnant people. Restricting this benefit actually puts mothers and infants at risk and preterm births are one of the biggest contributors to inflated healthcare costs for the state.
2. Requiring people to earn credits for what ought to be part of comprehensive and wrap-around care is offensive at best and puts people's health at risk, especially when most people on medicaid are already working and those who are not are most likely to be single mothers caring for children. Their unpaid childcare labor counts. Moreover, this is not a jobs program. If you are going to have a work requirement, you'd better be able to provide jobs for people to go to and job training that helps them get and keep jobs.
3. Cutting transportation sets up major a barrier to receiving care. I shouldn't have to explain this one.
4. The slow increase in premiums illustrates the belief that people simply ought to be able to earn

enough and increase their incomes over time in order to leave Medicaid after a certain period of time and punishes those who work hard consistently, but whose incomes do not rise. This kind of thinking shames people for “failing” to become middle-class without actually addressing any of the systemic inequities that prevent people from earning a living wage from their hard work or fixing barriers that lead to generational poverty such as violence prevention, better mental health services, job training, and the ending of institutional racism and classism. I am not against paying a premium for expanded Medicaid, but realistically this should probably be capped at no more than \$15 per adult or \$30 per family household. People living below 100% FPL should not be expected to pay any premiums.

5. The lock out period for failure to pay premiums and requirement to attend health literacy classes to regain coverage sets up additional barriers to access care rather than removing barriers. Who will teach these classes? How will people access those classes or get time off work to attend? How will they be paid for? The lock out of care will simply mean that people will fail to receive care when they need it. And if emergency drives them to seek out care they will be unable to pay for it because retroactive coverage will also be stripped away. We're talking about many people who are choosing between food and their heating bill. The likelihood is that there will be times that people cannot pay even their \$5 premium. This will not incentivize payment of premiums, but it WILL lock people out of care.
6. Penalties for inappropriate use of emergency room, while on the surface may seem like a reasonable thing to do, fails to address the reasons why people show up the emergency room. Expanded social supports that identify who the problem people are and that creates pointed solutions for those people should be considered. People use the emergency room when they cannot access a primary care provider, may not understand how to access care, or may have a language barrier. In my own line of work, I also know that pregnant people may visit the hospital a few times out of concern for the health of their baby or a lack of understanding about labor. Will these women receive a penalty? Will fear of paying a penalty then keep a pregnant person in preterm labor from coming to the hospital because she's afraid she's wrong and is worried about the charge? This actually has life or death consequences.

While I understand the state's obligation to look for financial sustainability for the Medicaid expansion, I believe the proposed approach is deeply flawed, if not dangerous for the people of The Commonwealth. The bottom line is that most of these changes actually make it harder for the people who need it most to receive care. Rather than providing actual incentives to help people move toward health, this approach uses the threat of punishment via the withholding of care for circumstances that are directly related to poverty—not lack of responsibility. In the carrot or stick analogy, the proposed changes choose the stick every time.

Sincerely,

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